



**sunflower
health plan™**

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Chairman Schlitter and members of the Working Group, thank you for the opportunity to share information regarding HCBS rebalancing. My name is Nanette Perrin. I am the Senior Director of Social Determinants of Health and Pathways for Sunflower Health Plan.

Sunflower Health Plan currently has 6,554 members in our long term care population and over 162,000 total Kansans.

Since April of 2020, Sunflower has been hosting a bi-weekly LTSS stakeholder meeting to discuss issues related to the pandemic. This collaborative includes representatives of KDADS and the other MCOs, Nursing Facility Association members, InterHab, several IDD providers and Community Developmental Disability Organizations, as well as other HCBS providers and member advocacy organizations. Through this meeting, and through communications with our provider representatives and care coordinators, we are aware of the increasing barriers to members aging in place.

Before the pandemic and even more since we have focused on 3 different areas of innovation for our aging population: Social isolation, Chronic Disease Management, and Direct Care Workforce.

The direct caregiver workforce issue is impacting services across all HCBS programs, including both agency and self-directed services, and assisted living and nursing facilities. We all have known, even prior to the pandemic, that there is a growing shortage of direct caregivers in comparison to the number of people needing care. The pandemic has exacerbated the need for solutions. Although wage increases are an important solution for recognizing the hard work that direct caregivers do, and for competing with the pay of other local businesses, wage increases alone won't resolve the issue. We have seen a few nursing facilities consolidate their locations, or close.

- **Social Isolation:**

- Pilot Program with Uniper to provide access to an online support community to members in our FE waiver population.
- We have a Value Added Benefit for members in our FE and PD waiver population to access 3 trips for social engagement in the community.
- Caregiving Collaborations® • Includes the Caregiver Resource Center and a Caregiver Journal • Each member and caregiver will continue to receive coordination of respite

- **Chronic Disease Management:**

- In-home Telehealth • Available for adults with diabetes and heart failure • This service helps members stay at home when they need help to manage their chronic conditions.
- Ongoing telephonic care management
- Community-based health services staff can provide in-home member visits to assist with scheduling healthcare appointments and transportation. •
- Assist members with accessing food, shelter or other health or social programs. This service is

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complementary to case management and is performed by certified Community Health Workers.

- **Direct Care Workforce:**

- **Emergency Backup Pilot:** Last year we collaborated with the National Centers for Independent Living and completed an Emergency Backup Plan for direct care workers. Centene also worked with a national advocate to review and provide best practice recommendations on development of effective backup plans.
- **Expanding Uses of Technology:** We are working with two in-state providers and one out-of-state provider that offer a combination of smart home technology and 24/7 remote monitoring to support individuals in their homes/communities. We are collaborating on how they can partner with us to offer technology solutions at both the provider and at the member level. We are currently determining the pilot we can engage in to determine and report the outcomes that can be achieved. Expanded use of technology within HCBS waiver programs will also potentially help "free up" caregivers who then can be hired to work with persons who need in-person care.
- **Family Caregivers:** During the emergency order, we have had expanded flexibility to approve for family members and guardians to be paid. We have received Initial, high-level feedback within our LTSS stakeholder meetings about the potential value of continuing some or all of the flexibility to expand the pool of persons who can be paid to provide care. A suggestion was also made to evaluate the option of offering a flexible subsidy to natural support family caregivers who do not receive other pay. We plan to continue working with stakeholders to evaluate the need for future flexibility, with appropriate guardrails, and to make recommendations to KDADS.

In 2020, Centene also purchased a platform for ADvancing States for matching caregivers to jobs, and for providers to use to manage workforce needs. ADvancing States is the national association of State Aging & Disability agencies. Currently, 7 state agencies are using the platform, which is called Connect To Care Jobs. ADvancing States is in the process of making improvements to the platform and plans to offer it to more states before the end of this year.

Thank you again for the opportunity to share this information. I'm happy to answer any questions you have.

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